



U.S. Department of Transportation

## Summer Transportation Internship Program for Diverse Groups

Federal Highway Administration, Office of Human Resources  
HAHR-3, Room 4323, 400 Seventh Street, S.W., Washington D.C. 20590

### APPLICATION

(Please print or type.)

1. Name: \_\_\_\_\_  
Last First Middle
2. Permanent address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip
3. College/University address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip
4. Telephone numbers — Permanent: ( ) Fax: ( )  
College/University: ( ) E-mail: \_\_\_\_\_
- 5a. Present Academic Status: ☐ Junior ☐ Senior ☐ Graduate  
Law Student Status: ☐ Second Year ☐ Third year
- 5b. Number of credit hours completed: \_\_\_\_\_  
(semester/quarter hours)
- 5c. Current G.P.A. or Class Standing for Law School Students: \_\_\_\_\_
- 5d. Expected Graduation Date: \_\_\_\_\_  
(Proof of graduation for Seniors may be requested)
- 6a. Place of Birth: \_\_\_\_\_
- 6b. Are you a citizen of the United States? ☐ Yes ☐ No  
(Proof of citizenship may be requested — U.S. citizenship required)
7. List of institutions of higher education attended. List current (or last attended) institution first.

Name and Location of Institution	Dates of Attendance	Degree Earned	Date Awarded	Major

(Please explain any interruption(s) of schooling, i.e., military training, illness, etc.)

---

---

---

**Applicant's Areas of Interest.** Describe in detail below how your participation in the STIPDG will enhance your educational plan. Briefly describe your mid- and long-range professional goals as well as your specific transportation-related goal and issues of interest to you. Explain how you would plan to further your education and assist in making future contributions in your field of study. *(Attach additional sheet(s) if necessary.)*

**Biographical Sketch.** Provide information on the areas listed below.  
(Attach additional sheet(s) if necessary.)

1. Work experience:

---

---

---

---

---

2. Related experience/training in transportation:

---

---

---

---

---

3. Honors/awards received:

---

---

---

---

---

4. Volunteer activities:

---

---

---

---

---

5. Other:

---

---

---

---

---

Federal Highway Administration, Office of Human Resources  
HAHR-3, Room 4323, 400 Seventh Street, S.W., Washington D.C. 20590

Please ask your major professor, advisor, or the chairperson of your department to complete this section for a recommendation.

1. Name of applicant (student)

- CONFIDENTIALITY:** This information may be made available to applicant upon request.  
(If confidentiality is desired, return to student in sealed envelope.)

Signature of professor or advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Department: \_\_\_\_\_

Endorsement signature of dept. chair: \_\_\_\_\_ Date: \_\_\_\_\_

# Applicant Area(s) of Interest

Applicant's Name

Major

Please specify your area(s) of interest and return this sheet with your application. Placement into an area of interest will be determined by agency needs and the availability of projects. Selection of a particular agency or area of interest does not guarantee placement in such.

NOTE: If you have an area of interest not indicated in the following items, please specify.

## Federal Highway Administration

- ☐ Engineering (construction and maintenance, bridge, or pavement)
- ☐ Environment and Planning
- ☐ Highway Safety
- ☐ Motor Carrier / Hazardous Materials
- ☐ Research and Development
- ☐ Right-of-Way Transportation Projects
- ☐ Technology Transfer
- ☐ Traffic Management and Intelligent Transportation Systems (ITS) Applications
- ☐ Transportation Management
- ☐ Civil Rights Program
- ☐ Other (specify) \_\_\_\_\_

## Federal Railroad Administration

- ☐ Hazardous Materials
- ☐ High Speed Rail / Railroad Development Issues
- ☐ Policy and Research Projects (i.e., environmental, high ground transportation, intermodal terminal and rail passenger services)
- ☐ Railroad Safety
- ☐ Other (specify) \_\_\_\_\_

## Federal Transit Administration

- ☐ Civil Rights Program (Americans With Disabilities Act and Disadvantaged Business Enterprise)
- ☐ Grants Management
- ☐ Transit Management (Technical and Financial Assistance)
- ☐ Transit Safety

- ☐ Other (specify) \_\_\_\_\_

## Research and Special Programs Administration

- ☐ Hazardous Materials Safety
- ☐ Pipeline Safety
- ☐ Technology Transfer / Research and Development
- ☐ Transportation Safety Training
- ☐ Other (specify) \_\_\_\_\_

## Federal Aviation Administration

- ☐ Air traffic control and aviation technology
- ☐ Airfield construction / access roadway projects
- ☐ Land acquisition and relocation regulations
- ☐ Highway design / planning
- ☐ Other (specify) \_\_\_\_\_

## Geographic Locations

(Indicate Preference; not more than 2)

(25 internships in D.C., 75 in other parts of U.S.)

- ☐ Headquarters (Washington, D.C., metro area)\*
- ☐ Eastern Resource Center (Baltimore, MD)\*
- ☐ MD, VA, PA, VT, NH, MA
- ☐ Southern Resource Center (Atlanta, GA)\*
- ☐ TX, TN, AL, GA, NC, SC
- ☐ Midwestern Resource Center (Olympia Fields, IL)\*
- ☐ IL, MO, MN, WI, NE
- ☐ CA, UT, AZ, WA, CO
- ☐ Western Resource Center (San Francisco, CA)\*

\* Law school students will only be placed at these locations.

# SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
---------------------------------------	----------------------	------------------------	-------------------

**DEFINITION OF A HANDICAP:** A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:** Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

**01** I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

**05** I do not have a handicap.

**06** I have a handicap but it is not listed below.

## SPEECH IMPAIRMENTS

**13** Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

## HEARING IMPAIRMENTS

**15** Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

**16** Total deafness in both ears, with understandable speech

**17** Total deafness in both ears, and unable to speak clearly

## VISION IMPAIRMENTS

**22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")

**23** Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

**24** Blind in one eye

**25** Blind in both eyes (No usable vision, but may have some light perception)

## MISSING EXTREMITIES

**27** One hand

**28** One arm

**29** One foot

**32** One leg

**33** Both hands or arms

**34** Both feet or legs

**35** One hand or arm and one foot or leg

**36** One hand or arm and both feet or legs

**37** Both hands or arms and one foot or leg

**38** Both hands or arms and both feet or legs

## NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

**44** One or both hands

**47** One or both legs

**45** One or both feet

**48** Hip or pelvis

**46** One or both arms

**49** Back

**57** Any combination of two or more parts of the body

## PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**61** One hand

**67** One side of body, including one arm and one leg

**62** One arm, any part

**63** One leg, any part

**64** Both hands

**68** Three or more major parts of the body (arms and legs)

**65** Both legs, any part

**66** Both arms, any part

## COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

**70** One hand

**76** Lower half of body, including legs

**71** Both hands

**77** One side of body, including one arm and one leg

**72** One arm

**73** Both arms

**74** One leg

**78** Three or more major parts of the body (arms and legs)

**75** Both legs

## OTHER IMPAIRMENTS

**80** Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

**81** Heart disease with restriction or limitation of activity

**82** Convulsive disorder (e.g., epilepsy)

**83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

**84** Diabetes

**86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

**87** Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

**88** Cancer—a history of cancer with complete recovery

**89** Cancer—undergoing surgical and/or medical treatment

**90** Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

**91** Mental or emotional illness (A history of treatment for mental or emotional problems)

**92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

**93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])

**94** Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

---

### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

## RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)

### Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify your-

self by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. **NOTE: Mark only ONE box.**

NAME OF CATEGORY (Mark <b>ONE</b> only)	DEFINITION OF CATEGORY
<b>Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico</b>	
A <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
C <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
<b>Categories for Use in Puerto Rico</b>	
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.